State/Territory: New York

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

___ Provided X Not Provided

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

X Provided: ___ State Approved (Not Physician) Service Plan Allowed

X Services Outside the Home Also Allowed

X Limitations Described on Attachment

___ Not provided.

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ATTACHMENT 3.1-B
Supplement

NEW YORK STATE - TITLE XIX STATE PLAN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY GROUPS: all

NOTE: By prior approval, when indicated below, is meant that prior approval/authorization of the local professional director and/or the local social services commissioner is required for that service.

1. Inpatient care, services and supplies in a general hospital shall, in the case of a person admitted to such a facility on a Friday or Saturday, be deemed to include only those inpatient days beginning with and following the Sunday after such date of admission, unless such care, services and supplies are furnished for an actual medical emergency or pre-operative care for surgery as provided in paragraph (d) of subdivision five of section 365a of the Social Services Law, or are furnished because of the necessity of emergency or urgent surgery for the alleviation of severe pain or the necessity for immediate diagnosis or treatment of conditions which threaten disability or death if not promptly diagnosed or treated; provided, however, inpatient days of a general hospital admission beginning on a Friday or a Saturday shall be included commencing with the day of admission in a general hospital which the commissioner or his designee has found to be rendering and which continues to render full service on a seven day a week basis which determination shall be made after taking into consideration such factors as the routine availability of operating room services, diagnostic services and consultants, laboratory services, radiological services, pharmacy services, staff patterns consistent with full services and such other factors as the commissioner or his designee deems necessary and appropriate.

   Inpatient care, services and supplies in a general hospital shall not include care, services and supplies furnished to patients for certain uncomplicated procedures which may be performed on an outpatient basis in accordance with regulations of the commissioner of health, unless the person or body designated by such commissioner determines that the medical condition of the individual patient requires that the procedure be performed on an inpatient basis.

1. Limits other than medical necessity are not applicable to EPSDT recipients in accord with 1905(r)5.
2. We have received the State Plan and reviewed it and determined that we are in compliance with EPSDT requirements

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4a. Prior approval is required for all out-of-state placements at Specialized Care Facilities for difficult to place individuals or High level Care facilities for the head injured.

Medicaid payments shall not be authorized for nursing facilities which are not certified or have not applied for certification to participate in Medicare.

Care days in nursing facilities is reimbursed for Medicaid patients requiring and receiving medically necessary lower level of care services. Medical Assistance is provided until such time as the appropriate level of care becomes available.

5. Prior approval is required for certain procedures which may be considered cosmetic or experimental. Physicians are informed of the specific prior approval requirements in the MMIS Physician Provider Manual.

6. Care and services will be provided only if they are in accordance with regulations of the Department of Health.

6a. Medicaid does not cover routine hygienic care of the feet in the absence of pathology.

Fee for service podiatry payments will only be made for services provided to Medicaid eligibles under twenty-one years of age under the EPSDT program and only by written referral from a physician, physician's assistant, nurse practitioner or certified nurse midwife.

Nursing facilities, Intermediate Care Facilities for the Developmentally Disabled (ICF/DD's), and Article 28 or Article 31 inpatient facilities and certified clinics which include foot care services in the rate established for medical care for Medicaid recipients will continue to receive payments for these services through their rates. Additionally, Medicaid will continue to pay for medically necessary items and supplies (e.g., prescriptions drugs) for all recipients when ordered by a private practicing podiatrist.

In the office setting, a podiatrist may only provide a limited number of clinical laboratory tests. Podiatrists are informed of the specific clinical laboratory tests they may perform, in their office setting, in the MMIS Podiatrists Manual. A podiatrist may only provide radiological services which are within the scope of podiatric practice. Amputation and bunion surgery may be performed by a podiatrist in a hospital setting.

6b. Prior approval is required for orthoptic training.

6c. Chiropractor services. Provision of chiropractic services shall be limited to EPSDT recipients by medical necessity. Services shall be provided to the extent that such services result from the referral of the recipient's physician or primary care clinic.

6d. Clinical psychologists. Provision of clinical psychology services shall require referral by:

1. The patient's personal physician or medical resource, such as a clinic, acting as the patient's physician;
2. the medical director in an industrial concern;
3. an appropriate school official;
4. an official or voluntary health or social agency.

7a. Patients must be assessed as being appropriate for intermittent or part-time nursing services provided by a home health agency upon admission to an Assisted Living Program (ALP), no later than 45 days from the date of admission, and at least once during each subsequent six month period. The social services district must review the assessment and prior authorize the service.

7b. Patients must be assessed as being appropriate for home health aide services provided by a home health agency upon admission to an Assisted Living Program (ALP), no later than 45 days from the date of admission, and at least once during each subsequent six month period. The social services district must review the assessment and prior authorize the service.

7c. Certain specialty items require prior approval. These items are identified for equipment dealers in the MMIS DME Provider Manual. Prior approval is required for most repairs to durable medical equipment. Personal Emergency Response Services (PERS) are provided according to LDSS written authorization for recipients of personal care services and home health services.

8. Prior approval is required for private duty nursing services either in a person's home or in a hospital except in an urgent situation in which the attending physician may order the services for no more than two nursing days.

Care and services of a private duty nurse will be provided only if they are in accordance with the regulations of the Department of Health.

10. Prior approval is required for all dental care except preventive, prophylactic, and other routine dental care services and supplies.

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12a. Prior approval is required for Certain Controlled Substances specified for the pharmacist in the MMIS Pharmacy Provider Manual.

Drugs for which Medical Assistance reimbursement is available are limited to the following:

1. those non-prescription drugs contained on a list established by the New York State Commissioner of Health.
2. those prescription drugs contained on a list established by the New York State Commissioner of Health.
3. covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Sections 1902(a) (54) and 1927 (a) of the Act which are prescribed for a medically accepted indication. (As provided by Section 1927(d) of the Act certain outpatient drugs may be excluded from coverage).

12b. Prior approval is required for all dentures.

12c. Prior approval is required for prosthetic and orthotic devices over a dollar amount established by State Department of Health and identified for providers in the MMIS DME Provider Manual.

Prior approval is required for artificial eyes as specified in the MMIS Opthalmic Provider Manual.

Program also includes coverage of orthotic appliances including hearing aids. All hearing aids require prior approval.

12d. Prior approval is required for certain special lenses and unlisted eye services as specified for providers in the MMIS Opthalmic Provider Manual.

13a. Diagnostic Services (see 13.d Rehabilitative Services-Early Intervention).

13b. Screening Services (see 13.d Rehabilitative Services-Early Intervention).

13c. Preventive Services (see 13.d Rehabilitative Services-Early Intervention).

13d. Rehabilitative Services

(1) Directly Observed Therapy (DOT) - Clients must be assessed as medically appropriate for DOT based upon the client's risk of non-adherence to a medication regimen necessary to cure an active, infectious, potentially fatal disease process and to prevent the development and spread of an infectious, potentially fatal disease which may not respond to conventional therapies.

"Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679.

"Early Intervention" Services are provided to children who have or who are suspected of having a developmental delay or disability. These services, limited to EPSDT, which are provided by or on behalf of a county or the City of New York pursuant to an Individualized Family Services Plan (IFSP) include:

1. Screening
2. Evaluation
3. Audiology
4. Nursing
5. Nutrition Services
6. Occupational Therapy
7. Physical Therapy
8. Psychological Services
9. Social Work Services
10. Anticipatory Guidance (Special Instruction and Allied Health Professional Assistance)
11. Speech Pathology Services
12. Assistive Technology Services
13. Vision Services
14. Collateral contacts for all of the above services

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13d. **Rehabilitative Services:**

School Supportive Health Services

School Supportive Health Services are services provided by or through local school districts or the New York City Board of Education to children with, or suspected of having disabilities, who attend public or State Education Department approved private schools. These services, which are provided to children with special needs pursuant to an Individualized Education Program (IEP) and are limited to EPSDT, are:

1. Physical therapy services
2. Occupational therapy services
3. Speech pathology services
4. Audiological evaluations
5. Evaluations for all available services
6. Nursing services
7. Psychological and social work services (psychological counseling)
8. Transportation see Supplement to Attachment 3.1.B, Item 23a
9. Medical evaluations (physician, physician assistant and nurse practitioner).

Preschool Supportive Health Services

Preschool Supportive Health Services are services provided by or through counties or the New York City Board of Education to children, with or suspected of having disabilities, who attend State Education Department approved preschools. These services, which are provided to children with special needs pursuant to an Individualized Education Program (IEP) and are limited to EPSDT, are:

1. Physical therapy services
2. Occupational therapy services
3. Speech pathology services
4. Audiological evaluations
5. Evaluations for all available services
6. Nursing services
7. Psychological and social work services (psychological counseling)
8. Transportation see Supplement to Attachment 3.1.B, Item 23a.
9. Medical evaluations (physician, physician assistant and nurse practitioner).

JUN 02 1995

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13.d (Cont'd) Rehabilitative services for residents of community-based residential programs licensed by the Office of Mental Health (OMH) are of three types:

1. Community residences of sixteen beds or less;
2. Family-based treatment and
3. Teaching family homes.

1. Community Residences

Rehabilitative services in community residences are interventions, therapies and activities which are medically therapeutic and remedial in nature, and are medically necessary for the maximum reduction of functional and adaptive behavior deficits associated with the person's mental illness. Community residences for adults may be either a congregate-type arrangement or apartment-based. Community residence services are also provided to children.

Limitations on services include the following:

- All providers must be currently licensed by OMH as community residences under 14 NYCRR 586 and 594. Congregate locations have sixteen beds or less.

- Adults admitted must be determined to have a severe and persistent mental illness, as defined by the Commissioner of OMH.

- Children admitted must be determined to have a serious emotional disturbance, as defined by the Commissioner of OMH.

- Services are limited to those described in 14 NYCRR 593.

- All services must be provided pursuant to a physician's written authorization and provided in accordance with an approved service plan, as described in 14 NYCRR 593.

2. Family-based treatment

Rehabilitative services in family-based treatment programs are intended to provide treatment to seriously emotionally disturbed children and youth to promote their successful functioning and integration into the natural family, community, school or independent living situations. Such services are provided in consideration of a child's developmental stage. Those children determined eligible for admission are placed in surrogate family homes for care and treatment.

Limitations on services include the following:

- all providers must be currently licensed by OMH as family-based treatment programs under 14 NYCRR 594.

- children admitted must be determined to have a serious emotional disturbance, as defined by the Commissioner of OMH.

- services are limited to those described in 14 NYCRR 593.

- all services must be provided pursuant to a physician's written authorization and provided in accordance with an approved service plan, as described in 14 NYCRR 593.

3. Teaching Family Homes

Rehabilitative services in teaching family homes are intended to provide treatment to seriously emotionally disturbed children and youth to promote their successful functioning and integration into the natural family, community, school or independent living situations. Such services are provided in consideration of a child's developmental stage. Eligible children are placed in small congregate care homes (4 children or less) in a supervised living arrangement with approved teaching parents, based on the National Teaching Family Model.

This program is different from family based treatment because some children are not able to tolerate the family closeness of family based treatment programs, and, therefore, are more appropriately treated in teaching family homes.

Limitations on services include the following:

- All providers must be currently licensed by OMH as teaching family homes under 14 NYCRR 594.

- Children admitted must be determined to have a serious emotional disturbance, as defined by the Commissioner of OMH.

- Services are limited to those described in 14 NYCRR 593.

- All services must be provided pursuant to a physician's written authorization and provided in accordance with an approved service plan, as described in 14 NYCRR 593.

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Rehabilitative Services (cont.)

"Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679.

18. Limitations on Hospice Services:

Recipients must be diagnosed by a physician as terminally ill, that is, having six months or less to live.

Recipients must sign an informed consent electing hospice over conventional care, subject to periodic review.

Services must be provided in accordance with pertinent Department of Health regulations.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election of any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition.

19. Limitations on Tuberculosis related services:

Directly Observed Therapy (DOT)- will be provided to clients who are being treated for Tuberculosis Disease.

22. Limitation on Respiratory Care:

Services may be rendered to EPSDT population by medical necessity and that services is furnished through the clinic and home benefits to this population.

23a. Prior approval is required for non-emergent transportation, including the services and subsistence of the attendant.

23d. Prior approval is required for skilled nursing facility services except when admitted directly from a hospital, another skilled nursing facility or from a health related facility.

Medicaid payments shall not be authorized for skilled nursing facilities which are not certified or have not applied for certification to participate in Medicare.

25. Prior approval is required for all personal care services. The authorization period and amount of personal care services authorized depends upon patient need, as indicated in the patient's assessment.

Personal care services provided in Family Care Homes and Community Residences certified and/or operated by the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) require the approval of OMRDD.

Personal care services, including personal emergency response services, shared aid and individual aid, furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease, as determined to meet the recipient's needs for assistance when cost effective and appropriate in accordance with section three hundred and sixty seven-k and section three hundred sixty seven-o of this title, and when prescribed by a physician, in accordance with the recipient's plan of treatment and provided by individuals who are qualified to provide such services.